

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____20

2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by tary (R.I.G.L. 7-1.2-1501(c), 1) is subject to a tomathy (so of \$55.00).

I. Corporate ID No. 85154	2. Name of Corpor MPE, INC.	2. Name of Corporation MPE, INC.						
). Sircet Address Principal Business Office 10 PENDLETON DRIVE			City HEBRON	State CT	<i>Zip</i> 06248			
i. Business Phone No. (800) 228-3636	, , , , , , , , , , , , , , , , , , ,							
	Character of Business Conducted ESIGN AND INSPECTIO							
	DRESSES OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS			
resident Name ROBERT J. CEPPI			Vice President Name NONE					
Street Address	F1		: NONE : Street Address					
10 PENDLETON	DRIVE		Siret Houres					
City	State	Zip	Сйу	State	Zip			
HEBRON	СТ	06248	<u>:</u>	,,,,,,,				
Secretary Name NONE			Treasurer Name ROBERT J. CEPPI					
Street Address			Street Address 10 PENDLETON DRIVE					
Сиу	State	Zip	City HEBROM	State CT	<i>Zip</i> 06248			
8. NAMES AND ADD	DRESSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) [FILL II	N SPACES BEFORE USING	G ATTACHMENTS			
Director Name ROBERT J. CEP	PI		Director Name					
Street Address			Street Address					
10 PENDLETON								
City LIEDDON	State	Zip OCO 40	City	State	Zip			
HEBRON Director Name	јст	06248	Director Name		l			
nrecior sume			The contraction					
Street Address			Street Address					
City	State	Zip	СИу	State	Ζίρ			
9. SHARES AUTHOR	 RIZED <i>("X" BOX FOR A</i>	 TTACHMENT) □	: 10. SHARES ISSUED	("X" BOX FOR ATTACE				
AUTHORIZED SHARES	·		ascied shares — this se	CTION <u>MUST</u> BE COMPLETED				
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value			
5000	COMMON	NO PAR	20	COMMON	NO PAR			
This report must be	executed on behalf of the	corporation by an author	orized representative. If the o	corporation is in the hands	s of a receiver or tra			
	executed on behalf of the							

File Date ELLED	
Check JAN 1 6 2009	
By FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and a	ffirm that I have examined this report,
neluding any accompanying schedules	and statements, and that all statements
contained herein are true and correct.	
1116	1/11/10

Aut	Carri	1	/12	10	9
Signature	//		Date	e	

ROBERT J. CEPPI

Print or Type Name

PRESIDENT Title